

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-034738

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 51

FILED AUG 28 1963

VS-300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs		c. CITY OR TOWN Marshall	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sweet Springs Hosp.		d. STREET ADDRESS (If outside, give location) 762 W. Jackson	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) GILFORD First GAY Middle DAVIS Last		4. DATE OF DEATH Month Aug. Day 26 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-21-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) Napton Saline Co.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew J. Davis		13b. MOTHER'S MAIDEN NAME Mary Ellen Jamison	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Grover Davis Marshall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 hrs 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marshall Mo.		
21. I attended the deceased from 1959 to Aug 1963 and last saw him alive on 26 Aug 1963 Death occurred at 2:17 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul W. Reser M.D.		22b. ADDRESS Sweet Springs Mo.	
22c. DATE SIGNED 8-26-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Aug. 28, 1963		23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
23d. LOCATION (City, town, or county) Marshall Mo.		24. FUNERAL DIRECTOR Jack W. Reser Marshall, Mo.	
25. DATE RECD. BY LOCAL REG. August 26, 1963		26. REGISTRAR'S SIGNATURE Mary Drueley	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Burial Permit Issued on 8/26/1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill McLaughlin

Licensed Embalmer No. 5760

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.